

08/21/2013

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460



United States  
Environmental Protection  
Agency

Office of Pesticide Programs

Quest Chemical Corporation  
12255 FM 529  
Northwoods industrial Park West  
Houston, TX 77041

AUG 21 2013

Attention: Mitch Whitney

Subject: Staf Hospital Spray Disinfectant  
EPA Registration No. 44446-20  
Notification Dated July 23, 2013  
EPA Received Date July 29, 2013

This will acknowledge receipt of your notification, submitted under the provisions of FIFRA Section 3(c)(9).

Proposed Notification: Minor label changes

General Comments:

Based on a review of the submitted material, the following comments apply:

The Notification dated February 14, 2013, is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Martha Terry at (703) 308-6217.

Sincerely,

Marshall Swindell  
Product Manager 33  
Regulatory Management Branch 1  
Antimicrobials Division (7510P)



United States  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 44446-20	2. EPA Product Manager Marshall Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Staf Hospital Spray Disinfectant	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) QuestVapco Corporation P.O. Box 624 Brenham, Texas 77834 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

To add additional marketing language to label.  
This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation OF 18 U.S.C. Section 1001 to wilfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject of enforcement action and penalties under sections 12 and 14 of FIFRA

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container: 20 oz aerosol can		5. Location of Label Directions <input checked="" type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input checked="" type="checkbox"/> Other Silkscreen	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Stephanie Coleman		Title Safety & Regulatory Manager		Telephone No. (Include Area Code) 713-896-8188	
<p align="center"><b>Certification</b></p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment, or both under applicable law.</p>					<p align="center">6. Date Application Received (Stamped)</p>
2. Signature 			3. Title Safety & Regulatory Manager		
4. Typed Name Stephanie Coleman			5. Date 7/23/13		





**SURFACE DISINFECTION & DEODORIZATION:** (1) First remove soil deposits from surface to be treated. (2) Hold can six inches from surface & spray until completely wet, allow the surface to remain wet for 10 minutes.

**AIR DEODORIZER, AIR FRESHENER & AIR SANITIZER:** Shake well before each use. To temporarily reduce airborne odor-causing bacteria and eliminate odors, close all doors, windows, and air vents. Hold can upright, press button and spray towards the center of an average size room (12'x12'x9') for 10 seconds. For maximum effectiveness, relative humidity should be between 45% and 70%. Resume normal room ventilation after spray has settled. Repeat as necessary.

**AUTOMATIC DISPENSER:** Remove protective cap from top of can and insert can into dispenser in accordance with instructions on machine. **IMPORTANT:** When used with the dispenser, one unit should be installed for each 6,000 cubic foot area to be treated. It is usually advisable to mount the dispenser 7-8 feet from the floor and at a point where wind flow will carry the particles throughout the room. The dispenser automatically actuates the special metered valve every 15 minutes, treating the air against odors. One unit lasts approximately 30 days.

**MILDEWSTAT:** To control mold and mildew on hard non-porous surfaces (such as floors, walls, table tops) spray the surface to be treated, making sure to wet completely. Let air dry. Repeat application at weekly intervals or when mildew growth reappears.

For use in automobile air conditioning systems, with engine running and air conditioner on maximum speed and cooling, spray the product into the air intake vent. Hold can eight to twelve inches above the vent while spraying four to six seconds. Make sure the spray tip is pointed directly at the intake vent before spraying. The recirculating system will pick up the product and the entire system will be deodorized in seconds. Shut off engine and air conditioner after applying the product. After applying product into the air conditioning system, get out of the car immediately. Do not return for 4-10 minutes so air in the compartment can be properly ventilated. If odors persist, repeat treatment as necessary.

**SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1 (AIDS VIRUS) OF SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS.**

**Personal Protection:** Disposable latex or vinyl gloves, gowns, face masks, or eye coverings as appropriate, must be worn during all cleaning of body fluids, blood and decontamination procedures.

**Cleaning procedures:** Blood and body fluids must be thoroughly cleaned from surfaces and objects before application of disinfectant.

**Contact Time:** Effective against HIV-1 (AIDS virus) on hard non-porous surfaces in the presence of a moderate amount of organic soil (5% blood serum) providing



**MOLD & MILDEWSTAT:** This product controls mold, mildew & the odors they cause on hard non-porous inanimate surfaces when used as directed.

**PRECAUTIONARY STATEMENTS  
HAZARDS TO HUMANS & DOMESTIC ANIMALS**

**CAUTION:** Keep out of reach of children. Causes moderate eye irritation. Avoid contact with eyes or clothing. Wash hands before eating, drinking, chewing gum, using tobacco, or using the toilet. Harmful if swallowed.

**FIRST AID**

<p><b>If Inhaled:</b></p> <ul style="list-style-type: none"> <li>• Move person to fresh air.</li> <li>• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.</li> <li>• Call a poison control center or doctor for further treatment advice.</li> </ul>
<p><b>If on skin or clothing:</b></p> <ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<p><b>If in eyes:</b></p> <ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<p><b>If swallowed:</b></p> <ul style="list-style-type: none"> <li>• Call poison control center or doctor immediately for treatment advice.</li> <li>• Have person sip a glass of water if able to swallow.</li> <li>• Do not induce vomiting unless told to do so by the poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul>
<p><b>Have the product container or label with you when calling a poison control center or doctor, or going for treatment.</b></p>

**NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage. Measures against circulatory shock, respiratory depression and convulsion may be needed.

**PHYSICAL OR CHEMICAL HAZARDS**

Flammable! Contents under pressure. Do not use near fire, sparks or flame. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting.

**INGREDIENTS (CAS#):** Isopropyl Alcohol (67-63-0), Propane-Isobutane (68476-86-8), Water (7732-18-5), Triethylene Glycol (112-27-6), Quaternary Compound (N/A).

**HMIS RATING:** HEALTH-1, FLAMMABILITY-2, REACTIVITY-1, PERSONAL-A.

**ITEM 329**

Made in USA

Manufactured By

**QuestVapco Corporation**

P.O. Box 624 • Brenham, TX 77834

Brenham, TX • St. Louis, MO

- |   |             |
|---|-------------|
| [1 Human Immunodeficiency Virus – HIV-1 | HIV-1 RF]   |
| [2 Salmonella choleraesuis              | ATCC 10708] |
| [3 Pseudomonas aeruginosa               | ATCC 15442] |
| [4 Staphylococcus aureus .              | ATCC 6538]  |
| [5 Staphylococcus aureus – MRSA         | ATCC 33592] |

[Alternate text] 0213

